

**APPLICATIONS ARE ACCEPTED VIA [www.fundingmt.org](http://www.fundingmt.org)**  
**DO NOT USE THIS FORM UNLESS YOU HAVE RECEIVED PRIOR APPROVAL FROM BSTF STAFF**

## APPENDIX A: APPLICATION FORM – ECONOMIC DEVELOPMENT PROJECTS

### MONTANA DEPARTMENT OF COMMERCE BIG SKY ECONOMIC DEVELOPMENT TRUST FUND (BSTF) CATEGORY I: ECONOMIC DEVELOPMENT JOB CREATION PROJECT

*Please reference the Application Guidelines for a complete explanation of required application information. Requirements:*

- *Submit 1 original and 2 copies (3-hole punched, not spiral bound or double-sided).*

I. APPLICANT INFORMATION – LOCAL/TRIBAL GOVERNMENT	
Name of Local/Tribal Government Entity	
Federal Tax ID Number	
Chief Elected Official (Full Name & Title)	
Contact Person (Full Name & Title)	
Address (Street, City and 9-Digit Zip Code)	
County	
Phone Number	
Email Address	
Fax Number	

II. ASSISTED BUSINESS INFORMATION	
Legal Name of Business to Receive Assistance	
Address of Project Location	
Contact Person (Full Name & Title)	
Address (Street, City and 9-Digit Zip Code)	
Phone Number	
Email Address	
Business North American Industrial Classification System (NAICS) or Standard Industrial Classification (S.I.C.) Code	
Business Federal Employer Identification Number (FEIN)	
Business Project Status (Startup, Expansion, Relocation, etc.)	

III. PROJECT SUMMARY INFORMATION	
Total Project Cost (Must match the Sources and Uses form)	
Type of Assistance Requesting (Grant or Loan)	
Amount of BSTF Funds Requested The maximum total BSTF funding may not exceed up to \$5,000 per new eligible job for counties <u>not</u> defined as a High-Poverty County or up to \$7,500 per new eligible job for counties that meet the High-Poverty	

County definition. Current poverty map and Award Calculator Map can be found on the program's website at <a href="http://www.bstf.mt.gov">www.bstf.mt.gov</a>	
<b>Total Matching Funds</b> (see Section I – definition of Match) The matching funds must be investment by the local or tribal government and/or the assisted business at the Montana site no earlier than six months before the BSTF award and must be equal to or greater than \$1 of local funds for every \$1 of BSTF (100%) funding received for counties not defined as a High-Poverty County or \$1 of local funds for every \$2 of BSTF funds (50%) for counties that meet the High-Poverty County definition.	
<b>Proposed Use of BSTF Funds:</b> Eligible Activities Listed in Section II C. of the Application Guidelines	
<b>Total Number of New Jobs to be created</b>	
<b>Total Number of New BSTF <u>Eligible</u> Jobs to be created.</b>	
<b>Hourly wage range for BSTF Eligible Jobs to be created.</b> Include the lowest hourly wage rate and the highest wage rate. If benefits are to be included in the calculation to meet the BSTF required wage rate (page 5) –Appendix B–BSTF Benefit Certification is mandatory.	
<b>IV. PARTNER ORGANIZATION (IF APPLICABLE)</b>	
<i>Economic development organizations may be involved in implementing and administering a project if the eligible applicant agrees to such an arrangement. If a partner organization will be involved in the project, please provide the information in this section.</i>	

<b>Contact Person (Full Name &amp; Title)</b>	
<b>Organization</b>	
<b>Address (Street, City and 9-Digit Zip Code)</b>	
<b>Phone Number</b>	
<b>Email Address</b>	
<b>What are the partner organizations responsibilities relative to completing the proposed project?</b>	

<b>V. PROJECT INFORMATION</b>
Please describe, in detail, the project. Include the following: <ol style="list-style-type: none"> <li>The nature of the proposed project,</li> <li>The nature of the assisted business,</li> <li>For what the BSTF financial assistance would be used (ex: equipment purchase, lease rate reduction etc.),</li> <li>Identify the entities involved in completing the proposed project, including management of the project/staffing plan,</li> <li>An implementation plan/timeline for project activities start-up through closeout, and</li> <li>Provide any relevant historical information on this project or the region it would support.</li> </ol>

Business's Current Employment Level in Montana	
Business's Current Employment Level at the Project Site	
Employee Benefits: See Appendix B (if ERISA eligible benefits are included in the calculation to meet the wage requirement)	

<b>VI. PROJECT ECONOMIC IMPACT STATEMENT</b>
<i>Please provide a summary of the impacts (both positive and negative) the project would have on the state, regional and community economy as well as any services or functions that the business provides to the community, region or state. Also identify if the business associated with the project is competing with any local or regional existing businesses.</i>

VII. PROJECT SOURCES & USES OF FUNDS					
	SOURCE: BSTF	SOURCE: Match	SOURCE:	SOURCE:	TOTAL REQUESTED
Administration (up to 5%, max \$30,000)					
<b>ACTIVITY BUDGET</b>					
Machinery/Equipment Purchase					
Land Purchase					
Lease rate Reduction					
Employee Training					
Other:					
<b>TOTAL PROJECT</b>	\$	\$	\$	\$	\$

- Provide a total project cost breakdown.
- Provide a narrative, including the source, use and status (on hand, awarded, committed, applied for), of all funds to be utilized in satisfying the program matching funds requirements.
- Provide a description and documentation detailing how all project costs were verified, specifying how and by whom they were determined (such as who prepared the cost estimates, equipment lists) and describe the reasonableness and completeness of the cost estimates.
- Provide written commitments to make the investments (match) as described. The commitment should be from the local or tribal government and/or the assisted business.

The Department will withhold ten percent (10%) of the total authorized award amount for administration, until all tasks outlined in the contract have been completed and approved by the Department.

### VIII. CERTIFICATION BY LOCAL GOVERNMENT AND BUSINESS

As the responsible authorized agents of **Local or Tribal Government Applicant:** \_\_\_\_\_, and **Applicant Business:** \_\_\_\_\_, we hereby submit this Big Sky Economic Development Trust Fund Application.

The information presented in this application is, to the best of our knowledge, true, complete and accurately represents the proposed project. We understand that additional information and documentation may be required. In addition, we understand that the local or tribal government applicant and the assisted business receiving BSTF financial assistance are liable for the full amount of the award that is advanced by the Department if the assisted business: fails to create or maintain the number of net new eligible jobs as specified in the executed contract and assistance agreement, fails to inject the required amount of match into the project as specified in the executed contract and assistance agreement, or ceases operations at the Project Site.

☐ The Applicant designates \_\_\_\_\_ (Name and Phone number) as the authorized contact for any additional Department requests for the release of additional information regarding this application for BSTF funds.

**Local or Tribal Government Applicant:** \_\_\_\_\_ will accept responsibility for management of the project and compliance with Big Sky Economic Development Trust Fund regulations.

**Applicant Business:** \_\_\_\_\_ will accept responsibility for compliance with applicable Big Sky Economic Development Trust Fund regulations as specified in this application.

Name (typed): \_\_\_\_\_ Local or Tribal Government  
Title (typed): \_\_\_\_\_  
Chief Elected Official  
Signature: \_\_\_\_\_ X  
Date: \_\_\_\_\_

Assisted Business  
Name (typed): \_\_\_\_\_  
Title (typed): \_\_\_\_\_  
Authorized Representative  
Signature: \_\_\_\_\_ X  
Date: \_\_\_\_\_

## **APPENDIX B: BSTF Benefit Certification**

Assisted  
Business: \_\_\_\_\_

For the purpose of the BSTF Program "employee benefits" means health, welfare, and pension contributions that meet the requirements of the Employee Retirement Income Security Act of 1974, 29 U.S.C. 1001, et seq.

<b>BENEFIT</b>	<b>DESCRIBE BENEFIT</b>	<b>Estimated Value (per hour)</b>
<b>Example:</b>	<b>Example:</b>	<b>Example:</b>
Holiday	Employees receive 3 paid holidays per year.	\$0.11
Medical	We pay 70% of the premium cost for the employee, employee's spouse & children. (Average cost of \$500/month)	\$2.88
Life Insurance	We provide \$10,000 life insurance policy and we pay the entire premium.	\$0.03

**I hereby certify that the above benefits will be made available to our employees and meet the requirements of the Employee Retirement Income Security Act of 1974, 29 U.S.C. 1001, et seq.**

**Signature of Authorized Signor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name and Title of Authorized Signor:** \_\_\_\_\_

Below is an example on how to make the conversion

**Example:**

Benefit: Holiday (3 days)

1. Need to determine the yearly benefit (3 days x 8 hours = 24 hours)

2. Need to figure the individual employee's yearly benefit

Take the yearly benefit times the employees hourly rate of pay

24 hours x Employee A rate of pay of \$10/hour = \$240 yearly benefit

3. Need to convert the yearly benefit to an hourly rate.

Take the yearly benefit and divide by 2,080 which is the number of hours that a

full time person would work in a year (40 hours/week x 52 weeks) (\$240/2080 = \$0.11)

Hence, the hourly rate for the holiday benefit for employee A would be \$0.11/hour

**REMINDER: In order for a benefit to be included in the BSTF wage calculation the employer must certify that the benefit meets the requirements of the Employee Retirement Income Security Act of 1974, 29 U.S.C. 1001, et seq.**

## **APPENDIX C: HIRING PLAN SPREADSHEET**

*Highlight the jobs that you have determined to be BSTF eligible.*

[illegible]

\*If benefits are to be included in the calculation to meet the BSTF required wage rate.

## **APPENDIX D: APPLICATION CHECKLIST**

*Please include the following information with your application.*

Name of BSTF staff person authorizing a paper application: \_\_\_\_\_

Application Requirement:

Page Number/Tab

1. Application (Appendix A) \_\_\_\_\_

Have you included?

- I. Applicant Information
- II. Assisted Business Information
- III. Project Summary
  - a. The nature of the proposed activity,
  - b. The nature of the assisted business, and
  - c. Description of activity/activities for which BSTF funds will be used.
- IV. Partner Information (if applicable)
- V. Project Information—"a" through "f"
- VI. Project Economic Impact Statement (both negative and positive)
- VII. Project Sources and Uses of Funds form with a narrative including the source, use and status of all funds to be utilized, professional services quotes, match commitment letters, business commitment letter, etc.
- VIII. Signed Certification

2. BSTF Benefits Certification (Appendix B- if applicable) \_\_\_\_\_

3. Business Plan \_\_\_\_\_

4. Financial Statements \_\_\_\_\_

5. Projections \_\_\_\_\_

6. Hiring Plan (Appendix C) \_\_\_\_\_

7. Training Plan (if applicable) \_\_\_\_\_

8. Supporting Documentation:

*(Attach all additional Supporting Documentation) This could include letters of support from organizations, businesses or communities as well as any other documents you feel is beneficial.*

(Description) \_\_\_\_\_

(Description) \_\_\_\_\_

(Description) \_\_\_\_\_

### **Local Government or Tribal Resolution**

A formal local or tribal governmental resolution supporting the project and authorizing the application to the Program is required at the time of application. \_\_\_\_\_

## SECTION IV APPLICATION PROCEDURES

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Potential applicants are encouraged to contact the Department to discuss their proposed project with BSTF program staff.

**Deadline:** Economic development job creation project applications will be accepted on an open-cycle basis until all available funds are committed to approved projects.

Application Submittal: Applicants must submit applications via <http://fundingmt.org>

If you are unable to utilize the <http://fundingmt.org> website to submit your application, please contact BSTF program staff.

### CONFIDENTIALITY AGREEMENTS

Once information is submitted to the Department, the information is subject to the public's right to know pursuant to Article II, Section 9 of the Montana Constitution. Written information is subject to the right of citizens to inspect and copy pursuant to §2-6-102, MCA, unless there is an individual privacy interest that clearly exceeds the merits of public disclosure.

Prior to any potentially confidential information being submitted, the company may enter into a confidentiality agreement with the Department and provide an affidavit so that there is a clear understanding of the rights and obligations of the company relative to protection of sensitive information in Montana. Applicants choosing to execute a **Confidentiality and Non-Disclosure Agreement and Affidavit** should – Provide a signed and notarized original, using Department form – Appendix E.

Applicants must submit applications via <http://fundingmt.org>. The online application portal will prompt you for all of the following documentation:

In addition to the Application Form—Appendix A, the applicant must provide the following information:

#### **1. Business Plan**

Each application must include a business plan containing information that is sufficient for the Grant/Loan Review Committee to obtain an adequate understanding of the business to be assisted, including the products or services offered, estimated market potential, management experience of principals, current financial position, and details of the proposed venture. In lieu of a business plan, the Grant/Loan Review Committee may consider a complete copy of the current loan application to entities such as the Montana Board of Investments, the federal Business and Industry Guarantee program, or the Small Business Administration.

The financial information submitted must demonstrate that the business to be assisted is or will be an ongoing viable company that can achieve and maintain the amount of employment projected.

The Grant /Loan Review Committee reserves the right to request additional information or accept reasonable variations from the information requirements listed above, on a case-by-case basis, if necessary to make a funding decision.

## **2. Financial Statements**

For an existing business, provide financial statements for the two most recent years of operation that includes the following:

- Balance Sheets
- Profit and Loss Statements
- Cash Flow Statements

Business start-ups and businesses operating for less than three years must provide all available financial statements.

If the last complete fiscal year of the business ended 90 days or more before the application is submitted, interim financial statements must be submitted in addition to the year-end financial statements.

There should not be gaps between the historical statements and the projected statements. The projections should use the same fiscal year periods as the historical financial statements. Applications that contain appropriate, updated, accurate financial information can be processed much more quickly than incomplete applications that require requests for additional information.

## **3. Projections**

Please provide the following projections for two years:

- Balance Sheets
- Profit and Loss Statements
- Cash Flow Statements

Variations on the projections may be accepted at the discretion of the Grant/Loan Review Committee on a case-by-case basis.

## **4. Hiring Plan**

At a minimum, the hiring plan should include the following information:

- **Employment Levels** – this must include a current listing of Montana employment levels of the assisted business, the projected increase in number of jobs and the company's

annual payroll, both current and projected – at the site and for any other operations within the State of Montana. Include an estimate of pre-expansion and post-expansion annual payroll.

- **Job Breakdown** – **Using the Hiring Plan Spreadsheet (Appendix C)**, provide a breakdown of jobs to be created, including the number and type of jobs, specifying for each job:
  - Full-time (average 35 hours per week annually) or part-time,
  - Projected wage per hour,
  - Job titles and descriptions,
  - Description and monetary value of employee benefits (Appendix B), and
  - Highlight or identify separately, which jobs will meet the BSTF net new eligible job criteria. (*Definition page 6*)
- **Timetable** – include a timetable for creating the total number of jobs, as well as BSTF eligible jobs. BSTF eligible jobs are those that have an hourly wage that will be greater than or equal to the average county wage, excluding benefits.
- **Business Commitment** – include a written commitment from the assisted business that they will comply with the Hiring Plan.

**5. Benefit Certification Form** (APPENDIX B) (REQUIRED ONLY IF THE BENEFITS ARE TO BE INCLUDED IN THE CALCULATION TO MEET THE BSTF REQUIRED WAGE RATE).

**6. Training Plan** (ONLY IF THE PROPOSED USE OF FUNDS IS FOR WORKFORCE TRAINING)

At a minimum, the training plan should include the following information:

- Description of the training curriculum, including information on who will be providing the training,
- A budget for the proposed training. The budget needs to support the amount of BSTF training funds requested, and a
- Schedule for completion of worker training.

**7. Local Government or Tribal Government Resolution**—a formal local government or tribal government resolution supporting the project and authorizing the application to the BSTF Program is required at the time of application.